2. Article Number	COMPLETE THIS SECTION DELIVERY
7160 3901 9841 5329 9997 3. Service Type CERTIFIED MAIL	A. Received by (Please Print Clearly) B. Date of Delivery 2.23-07 C. signature X. Abeny Address If YES, enter delivery address different from item 12 Yes No
4. Restricted Delivery? (Extra Fee) Yes 1. Article Addressed to:	v/W i
Mitchell Blackmore 5349 Fairmont Street Abilene, Texas 79605	
PS FORM 3811, January 2005	Domestic Return Receipt